

**2009 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 542549

1. Entity Name
COLLIER INTERIORS, INCORPORATED



Principal Place of Business
**2050 CAPITAL CIRCLE NE
P.O. BOX 12007
TALLAHASSEE, FL 32308 US**

Mailing Address
**2050 CAPITAL CIRCLE NE
P.O. BOX 12007
TALLAHASSEE, FL 32317**

FILED

09 JAN -7 PM 2:13

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



01052009 No Chg-P CR2E034 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1749078	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**COLLIER, KENNETH J.
2050 CAPITAL CIR NE
TALLAHASSEE, FL 32308**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**800139874358
01/07/09--01028--001 **150.00**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2009 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COLLIER, KENNETH J. 411 WILSON AVENUE TALLAHASSEE FL, 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth J. Collier

KENNETH J. Collier Pres.

1/05/09 850-385-7991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #